Buffalo County Health Department 407 South Second Street P.O. Box 517 Alma WI 54610-0517

SIGNATURE - APPLICANT:



Telephone: (608) 685-4412 Fax: (608) 685-3342

CHECK NUMBER:

Email: dhhs@co.buffalo.wi.us www.buffalocounty.com/331/Public-Health

## **Buffalo County Health Department**

Prevent. Promote. Protect.

DATE:

LICENSE			ION -	– V [		טאווי	Or		KA	IUKS		Wis. Sta	at. § 97.30	
ESTABLISHMENT		MATION:												
ESTABLISHMENT NAME:									COUNTY:					
ESTABLISHMENT STREET ADDRESS:								C	CITY:			STATE:	ZIP:	
EMAIL ADDRESS:											ESTABLI	SHMENT PH	HONE:	
LEGAL ENTITY IN	IFORMATION	- CHEC	CONE											
☐ Individual	☐ Individual ☐ Married Couple			E ☐ Limited Liability Company (LLC) ☐ L						mited Liability Partnership (LLP)				
☐ Cooperative	☐ Partners	tnership						n what	hat state is your entity registered?					
LEGAL ENTITY (such as name of sole proprietor, partnership, LLC, LLP, or Inc.):								C	COUN	TY:				
LEGAL ENTITY MAILING ADDRESS:								C	CITY:			STATE:	ZIP:	
EMAIL ADDRESS:											LEGAL E	NTITY PHO	NE:	
<b>CONTACT INFOR</b>	MATION													
CONTACT PERSON:		TITLE	TLE: PHONE: ( ) -					EMAIL ADDRESS:						
COMMISSARY CO	NTACT INFO	RMATIO	N – Choos	se One	Option	n Below								
☐ WI Food Processing Plant ☐ WI Food Warehouse ☐ WI Retail Food Establish								olishme	nt	Other				
WI LICENSE NUMBER:		CON	MMISSARY AL	DDRESS:	:	CITY:						STATE:	ZIP:	
LICENSE FEES -	ALL FEES MU	JST BE P	AID BEFOR	RE LICE	ENSING	ì								
Vending Machine Operator = \$125								ending	ng Machine Licenses = \$9.00 per machine					
Operator Fee \$125 + (\$9 per machine x number of machines) = Total Fee														
PLEASE READ CA	AREFULLY BI	EFORE S	IGNING											
Information reques may be used for puviolation of Wiscon addition to the licer issued after April 1 Department may into operate until the for the Retail Food	urposes other to sin Law. If you nse fee. Licen st, which will e spect premise department co	than that f u have be ses are no expire on J es at any ro onducts ar	or which it on the or which it operation of transfera lune 30th of easonable on inspection	was orige without the set of the following time. Note the set of t	ginally on the second of the s	collected ense, you ersons or rear. The informati	(Wis. u will be location licens on may	Stat. § e requi ons. Lic se fee is y delay	15.0 ired to censor s not the	4(1) (m).) Opeo pay an opeo es expire ann prorated for possuance of years	erating wath wally on wally on wartial lice	vithout a li hout a lice June 30th ense year se. You ar	cense is a ense fee in ; unless s. The e not licensed	

Within **30 days** after receiving a complete application for a license, the department or its agent shall either approve the application and issue a license or deny the application. If the application for a license is denied, the department or its agent shall give the applicant reasons, in writing, for the denial. A license shall not be issued to an operator without prior inspection.

Please mail completed application and payment to: Buffalo County Health Department 407 S 2<sup>nd</sup> St. Alma, WI 54610

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